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CONFIRMATION NO. 8204

SERIAL NUMBER 10/645,467	FILING DATE 08/20/2003 RULE	CLASS 514	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. AR02366USACON3
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/785,805 02/16/2001 PAT 6,919,092
 and is a CIP of 08/806,773 02/26/1997 PAT 5,912,268
 which is a CIP of 08/706,576 09/05/1996 PAT 5,840,754
 which is a CIP of 08/445,849 05/22/1995 PAT 5,674,895

KG

** FOREIGN APPLICATIONS *****

KG name

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>KG</i> Examiner's Signature	CA	0	12	10
Allowance <i>KG</i> Initials				

ADDRESS

23377

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ONE LIBERTY PLACE, 46TH FLOOR

1650 MARKET STREET

PHILADELPHIA, PA

19103

TITLE

Method for the management of incontinence

<p>FILING FEE RECEIVED 1618</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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